

Service Statistics in Public Health

THE RENAISSANCE of interest among public health administrators in the planning and evaluation of public health programs highlights the importance of the work currently being done by the Public Health Conference on Records and Statistics.

Within the past three decades, a number of approaches have been made to the description of health department performance and the impact of public health programs. Outstanding results of these efforts are the several editions of appraisal forms for local health work issued by the Committee on Administrative Practice of the American Public Health Association, the tabulation of health department services prepared by the Committee on Records and Reports of the Conference of State and Territorial Health Officers, and, more recently, the Evaluation Schedule and Health Practice Indices developed by the Committee on Administrative Practice of the American Public Health Association. Successively, these several reporting instruments have been valuable tools for the use of local health departments in reviewing their operations. They have stimulated critical self-appraisal, an essential to growth and improvement of service.

As stock-taking techniques have been more widely applied, deficiencies in available operational statistics have become increasingly apparent. The volume of statistical information accumulated has steadily increased; yet much of it has been collected without specific purpose and, therefore, has been of minimum worth. Frequently, it is limited to enumeration of units of service, with no link to any sort of population base from which to measure program progress. For example, immunizations of various types, given at specified places, within designated periods of time, are customarily

counted, but they are not related to the number of children of different age groups who should be immunized. Also, it is usual to maintain figures on attendance at the several kinds of health department clinics but unusual to relate such attendance to the number of persons who needed the service provided. Statistics kept in far too many health departments are susceptible to gross tabulations only, not to the kind of analysis necessary for pinpointing problems of specific age, socioeconomic, or geographic groups, or for measuring success or failure in meeting them.

Working Group on Service Programs

While counts of certain acts of the health department staff describe the efforts being expended for each separate program, they give no indication of what has happened as a result of the service. Although a number of health departments have recently revised their systems of compiling service statistics, no widespread agreement has been reached regarding the kind of statistical information that is most essential for the planning, operation, and evaluation of public health programs. Neither has there been any generally accepted guidance concerning the minimum amount of such information required and the kinds of breakdowns or relationships which are apt to be most generally useful.

It is to such problems that the Working Group on Service Programs—one of six working groups of the Public Health Conference on Records and Statistics—has addressed itself. The Working Group on Service Programs, until 1954 known as the Working Group on Service Statistics, is interested in data that describe and measure public health services to individuals and efforts to reduce environmental

hazards. Problems of registration and legislation pertaining to vital events are being considered by the other working groups of the conference—the working groups on (a) marriage and divorce, (b) methodology, (c) model legislation, (d) mortality, and (e) natality and fetal death.

The Public Health Conference on Records and Statistics was established in 1949 for the development and improvement of public health records and statistics. Membership of the conference is made up of representatives of vital and public health statistics programs of each State and Territory. The National Office of Vital Statistics serves as secretariat to the conference, and representatives of Federal and voluntary health agencies and of schools of public health participate in working group activities.

The several working groups engage in a year-round work program, which includes performance of basic studies, preparation of technical reports, and formulation of recommendations for consideration and action of the conference. Particularly significant to the guidance of effective public health action and measurement of progress are several documents which have been developed by the Working Group on Service Programs. These statements or guides have evolved from the experience and needs of the working group members and their colleagues from program divisions in the several health departments represented. In reaching its conclusions, the group has had continuous consultative service from professional leaders in the respective subject matter areas to which attention has been directed.

Meaningful Service Statistics

In order to make the conclusions of the working group widely available to public health

workers, *Public Health Reports* is publishing the series of technical reports designed to improve the quality of public health service statistics. The first report, "Basic Principles Governing Service Statistics in Public Health," follows on p. 521. This initial document proposes a number of fundamental concepts which the Working Group on Service Programs believes are essential to the development of meaningful service statistics in public health. The principles enumerated will be useful to many health departments as criteria for determining the value of program statistics being produced currently or contemplated for the future.

Guides for application of these basic principles to two specific types of health programs have also been completed. Entitled "Health Supervision of Infants and Preschool Children" and "Health Services for Children of School Age," they will be published in subsequent issues. As similar guides are developed for additional program areas and are approved by the conference for publication, they too will be released through *Public Health Reports*. A guide for home accident prevention programs is nearly completed.

These statements are in no sense an attempt to standardize either content or procedures in the development of service statistics. Prescribing specific statistical patterns which would be applicable to all health departments is neither desirable nor possible. On the other hand, a sound, widely accepted framework within which each health department may develop a program in accordance with its own particular needs and resources is badly needed for more effective program planning, operation, and evaluation. The conference believes this series of guides will contribute to that end and that each statement merits extensive study and application by public health workers.

